

**CITY OF HALLANDALE BEACH /HALLANDALE BEACH CRA
NEIGHBORHOOD IMPROVEMENT PROGRAM
CHECK REQUEST FORM AND INSTRUCTIONS
FAX (954) 457-1335 or HAND DELIVER TO CRA or USE CITY HALL UTILITIES DROP BOX
or MAIL TO:
ATTN: NIP – CRA DEPARTMENT
400 S. Federal Highway, Hallandale Beach, FL 33009**

ALL BLANKS MUST BE FILLED. IF NOT APPLICABLE, ENTER N/A
ONE CHECK REQUEST PER FORM. MULTIPLE CHECK REQUESTS REQUIRE MULTIPLE FORMS.

DATE: _____ NIP LOAN # _____

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

PROPERTY OWNER(S): _____

OWNER CONTACT PHONE NUMBER: _____

CONTRACTOR NAME: _____

PERMIT NUMBER: _____ (If work performed by owner, write SELF)
(If applicable)

TYPE OF WORK PERFORMED (simplified): _____

EXPECTED AMOUNT: \$ _____ *If final payment, permit must be finalized
by Building Division and/or NIP Inspector. Consult Building Division if in doubt.

SPECIAL INSTRUCTIONS (i.e. Mail check to owner, alternative owner's address) _____

OWNER'S SIGNATURE: _____

All check disbursements are conducted on Friday after 3:30 PM.

HOLIDAY SCHEDULE will be followed. Inquire directly if affected.

Hallandale Beach CRA, Code Compliance Division, or City Manager reserves the right to adjust or change at any time with no prior notice any of the guidelines on this form.